

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015195

STATE FILE NUMBER
2 1283

FILED MAY 14 1959		Registration District No. _____		Primary Registration District No. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>				c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				Length of stay in lb <u>24 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>1456 Castle Lane</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES F. JOHNSON</u>				4. DATE OF DEATH Month Day Year <u>APRIL 29 1959</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 4, 1924</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lathe Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Medhart Machine Shop</u>		11. BIRTHPLACE (City and state or country) <u>Brownsville, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Johnson</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Hentley</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Beatrice</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give year or dates of service)				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mary B. Johnson</u> Address <u>1456 Castle Lane</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE PULMONARY EDEMA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>RHEUMATIC HEART DISEASE</u> DUE TO (c) <u>410X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>REPAIR OF MITRAL INSUFFICIENCY, POST-OPERATIVE</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 HOUR</u> <u>20 YEARS</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>APRIL 21, 1959</u> to <u>APRIL 29, 1959</u> and last saw her alive on <u>APRIL 29, 1959</u> Death occurred at <u>11:15 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>C. D. Vermillion, M.D.</u> (Degree or title) M. D.				22b. ADDRESS <u>BARNES HOSPITAL</u>		22c. DATE SIGNED <u>4/30/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5/5/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
24. FUNERAL DIRECTOR <u>Gates Funeral Home</u> ADDRESS <u>4107 Finney</u>				25. DATE RECD. BY LOCAL REG. <u>MAY 1 '59</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u> S.P.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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DATE OF DEATH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Lawrence E. Woodson

Licensed Embalmer No. *4341*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.